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ABSTRACT

The manual presents step by step procedures for referral to the Longfellow Education Center (Minneapolis, Minnesota) which provides psychoeducational services for emotionally disturbed children in grades 6 through 9. Following a section on general criteria for eligibility is an outline for the six referral steps: screening, followup meeting, referral, joint local education-Longfellow Education Center child study team meeting, and Longfellow Education Center intake staff meeting. Forms, checklists, and guidelines appropriate for each step are provided. Among the materials contained in the document are permission and release forms: parent, teacher, and due process checklists: and a description of services. (SBH)

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Longfellow Education Center

Referral Manual

U.S. DEPARTMENT OF HEALTH
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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

LONGFELLOW EDUCATION CENTER
3017 EAST 31ST STREET
MINNEAPOLIS, MN. 55406
(612) 729-7358
DIRECTOR: DR. ROBERT McCAULEY
EDUCATIONAL COORDINATOR: MS. JODIE ERIKSON

SPONSORED BY: 916 SPECIAL INTERMEDIATE DISTRICT

AND

THE EDUCATIONAL COOPERATIVE SERVICE UNIT OF THE METROPOLITAN TWIN CITIES

EC131791

REFERRAL MANUAL

This manual presents the step-by-step procedures to be followed for referral to the Longfellow Education Center.

HOW TO USE THE L.E.C. REFERRAL MANUAL

1. Please read through the Manual and accompanying Referral Form prior to starting Step #1 of the referral process. This reading will familiarize you with the process that will occur in a referral to the Longfellow Education Center.

2. Note what information is necessary at each Step, what material can be compiled prior to each Step, what tasks and activities will occur at each Step, and what objective will be accomplished by successful completion of each Step.

3. Prior to undertaking any Step, compile all necessary information and material that are prerequisite to conducting that Step. This often means collating reports, data, permissions, and records prepared by other personnel or parties or insuring that appropriate persons have been invited to a meeting of staffing.

4. Attempt to insure that parents/guardians are involved at each Step of the referral process to the Longfellow Education Center. This means informing parents about, and explaining, this referral process, indicating where they can actively participate, and aiding them in understanding their rights. Be sure to collect all signatures necessary and schedule decision-making meetings at their convenience.

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NOTES

ON MAKING A REFERRAL TO THE LONGFELLOW PROGRAM:

1. ALL referrals are to be initiated by the Director of Special Education or his/her designee for any child.

2. ALL referrals must be signed by that Director of Special Education AFTER informing the child's parents/guardians about the district's intent to refer and AFTER seeking their signature on the Referral Form.

3. The referring school district is responsible for providing leadership during conduct of Steps 1, 2, 3, and 5; Longfellow is responsible for providing leadership during conduct of Step 4 and 6. Longfellow is willing to aid the referring district at any step as best we can.

4. BOTH the referring school district and Longfellow Education Center are responsible for adhering to "due process" rights and procedures throughout the referral process.

5. The referring school district is responsible for completing contractual arrangements with Metropolitan E.C.S.U., or monitoring the completion of contractual arrangements between Metropolitan E.C.S.U. and the referred child's resident school district.

CRITERIA FOR ELIGIBILITY

In order for an individual (child) to be accepted to the Longfellow Education Center, the following criteria must be met:

1. AGE:

   11 years-16 years AND Grades 6-9.

2. CHARACTERISTICS:

   The child exhibits a pattern of development, behavior, and learning over a significant period of time and with sufficient intensity such that:

   a. persistent problems are present in general learning or classroom behaviors;

   b. satisfactory interpersonal relationships and interactions with peers, home, or other significant adults (e.g., teachers) are generally lacking;

   c. perceptions or descriptions of self are consistently expressed as negative, derogatory, inadequate, or not in concert with family or school expectations;

   d. learning or achievement is below home and school expectations, or is variable from school term to school term or year to year;

   e. general pervasive moods of anxiety, depression, unhappiness, or withdrawal from interactions are present; and

   f. physical illnesses or fears are associated with personal or school problems.

3. PRIOR SERVICE:

   a. Evidence that a full range of program options or placements available to the home school district have been utilized;

   b. Evidence that local district program options have been modified in attempts to appropriately serve the individual (child) referred;

   c. Evidence that program options and modifications have been inappropriate or unsuccessful; and

   d. Evidence that the child already placed outside of the local district would be best served by a regional placement prior to placement in local district programs, or less restrictive educational alternatives.

STEP 1: SCREENING

Objectives

1. To discuss appropriateness of referring an individual child to the Longfellow Education Center (L.E.C.).

2. To schedule a follow-up meeting with parent participation.

What To Do

1. The Director of Special Education or his/her designee places a telephone call to the Longfellow Education Center (612-729-7358) and talks to the Liaison Teacher.

2. The telephone discussion is to focus on:

    a) the needs of the child as perceived by family, school district personnel, or other involved agency professionals;

    b) district or others' perceptions on why Longfellow Education Center is a potential educational placement for the child.

    c) the recent educational history of the child;

    d) who the district contact person will be if a referral is made, and his/her relationship to the child; and

    e) questions regarding transportation, L.E.C. acceptance requirements, and Metropolitan E.C.S.U. bill-backs.

Information and Material Needed At This Step

1. Attached L.E.C. Sample Forms:

    1.1 Telephone Screening: To use as a means of organizing information to be presented in organizing your telephone call to L.E.C. relative to a possible referral.

    1.2 Notification to Parents of Follow-Up Meeting: A sample letter for informing parents/guardians of the forthcoming conference (Step 2) related to possible referral of their child to Longfellow Education Center.

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TELEPHONE SCREENING

Purpose: To provide a communication device for local district personnel to use when contacting L.E.C. Liaison Teacher.

Directions: Use this form or your own format to supply information on telepone to L.E.C. Liaison Teacher.

Date: _____

Student's Name: _____ _____ Birthdate: _____ Age: _____

Caller: _____ District: _____ Phone: _____

School: _____ Grade: _____

Current Educational Program: _____

School Behaviors that are a cause for concern: _____

Needs of Student as perceived by school personnel: _____

Needs of Student as perceived by family: _____

Needs of Student as perceived by outside agency professionals (Specify agencies): _____

(continued)

Needs of Student as perceived by himself/herself: _____

_____

_____

_____

Explain why Longfellow Education Center (Level 5) is being considered: _____

_____

_____

_____

Special Medical and Health Information: _____

_____

_____

_____

Previous Evaluations and Tests: _____

_____

_____

_____

Current Living Situation: _____

_____

_____

_____

_____

Other: _____

_____

_____

_____

_____

_____

_____

_____

District Contact Person: _____ NAME _____ TITLE

_____ PHONE

Follow-up Meeting: _____ DATE _____ TIME

_____ LOCATION

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CONFERENCE VERIFICATION

Purpose: To provide a sample of formal written notice to parents regarding Conference verification.

Directions: After setting up conference time with parents by telephone, type this letter on school letterhead and send to parents.

Dear _____;

This letter is to verify the date, time, and place of the conference that we recently scheduled by telephone:

SAMPLE

Day and Date: _____

Time: _____

Location: _____

We are also informing you that a staff member from the Longfellow Education Center has been invited to the meeting.

If you have any questions, please feel free to call me.

Sincerely,

_____
NAME

_____
TITLE

_____
PHONE

STEP 2: FOLLOW-UP MEETING

Objectives

1. To share information about the Longfellow Education Center with the parents (and student if possible) of a potential student referral.
2. To determine the need for referral of an individual child to the Longfellow Education Center (L.E.C.).

What To Do

1. The Director of Special Education or his/her designee schedules a staff conference meeting at parental convenience by explaining the nature and purpose of the meeting.
2. The Director of Special Education or his/her designee conducts an informal local district follow-up conference meeting to:

    a) share information gained from the telephone discussion with parents and staff;

    b) gather staff and parent/guardian input relative to the need for referring the child to the L.E.C.

    c) gather clarifying and/or follow-up information from attending L.E.C. staff member; discuss concerns with attending L.E.C. staff member; and

    d) explore placement options and/or program modifications within the local district, or alternative programs to the L.E.C. program.

Information and Material Needed At This Step

1. Attached L.E.C. (Sample) Forms:

    2.1 Summary of Follow-Up Meeting: Used by the attending L.E.C. staff member to summarize information, discussion, and concerns presented at local district conference. Local district personnel may want these notes shared with them, use this format themselves, or use a similar note-recording procedure.

    2.2 Longfellow Education Center: Description of Services: To be presented by attending L.E.C. staff member for discussion purposes and to answer questions about the L.E.C. program.

Step 2
(continued)

2.3 Description of Time-Out Room: Used by attending L.E.C. staff person to explain Time-Out procedures.

2.4 Permission To Assess Form: This form is used by L.E.C. to acquire parental/guardian permission to observe/assess/evaluate a child in the local district. Parents/guardians are simultaneously informed of their rights relative to assessment and related procedures, the proposed assessments to be conducted, and the nature of information to be sought during assessment.

2.5 Release of Records: To be completed by parents/guardian granting permission to release necessary information to Longfellow from school and non-school records.

2.6 Parental Rights: Given to parents by attending L.E.C. staff person informing them of their rights.

2.7 Parent Checklist: This form is given to the parents to return to the L.E.C. at their earliest convenience.

2.8 Teacher Checklist: This checklist is distributed to teachers in the local school who have had sufficient contact with student to complete the form. It is used to substantiate the appropriateness of the student's acceptance into the L.E.C. program and to help to develop I.E.P. goals should the student be accepted in the program.

2. Please have necessary background information, district evaluation reports, and the educational history of the child available at the conference meeting.

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SUMMARY OF FOLLOW-UP MEETING

Purpose: To summarize information, discussion, and concerns presented at the conference.

Directions: This form or another format is used to record the information from the conference.

Date: _____

Student: _____ Birthdate: _____ Grade: ____

Location of Meeting: _____

PERSONS ATTENDING MEETING: (Name and Title):

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

SUMMARY OF INFORMATION FROM SCHOOL PERSONNEL: _____

_____
_____
_____
_____

SUMMARY OF INFORMATION FROM PARENTS: _____

_____
_____
_____
_____
_____

(continued)

SUMMARY OF INFORMATION FROM OUTSIDE AGENCY: _____

_____

_____

_____

_____

OPTIONS WITHIN DISTRICT THAT WERE EXPLORED:

OPTION	DEGREE OF SUCCESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SUMMARY OF SUGGESTIONS THAT WERE MADE:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ 1. - Referral to be completed by: _____
Name

_____
Title

_____
Telephone Number

_____ 2. - Permission To Assess Form Signed: _____
Date

LONGFELLOW EDUCATION CENTER

Description of Services

The Longfellow Education Center (L.E.C.) program will provide essential and appropriate psychoeducational services within the Metropolitan E.C.S.U. (Region XI) and the State of Minnesota for emotionally disturbed youth ages 11-16, grades 6-9. The L.E.C. also intends to develop exemplary programming procedures and components for dissemination to participating districts and the State. The L.E.C. emphasizes the social, emotional, cognitive, educational, psychomotor, and vocational development of emotionally disturbed children, and the maximization of their integration into the most normalized lifestream family, community, and educational environment appropriate to their needs and functioning.

Services are described in the areas of Education, Family Support and Outreach and Evaluation below.

EDUCATIONAL SERVICES

1. Provide emotionally disturbed adolescents (ages 11-16) with an appropriate educational and therapeutic day school environment.
2. Foster the development of individual socialization processes, enhanced interpersonal relationships and interactions, accelerated social, emotional, cognitive, perceptual, and psychomotor growth, and group/community participation and relationship skills.
3. Provide individualized instruction in academic and secondary level curriculum areas.
4. Conduct individualized diagnostic, assessment, and psychoeducational treatment planning services for children.
5. Use educational programming strategies that emphasize exemplary instructional practices so as to foster child development and encourage regional program development.

FAMILY SUPPORT SERVICES

1. Provide frequent and supportive home-school interactions and communications.

(continued)

2. Conduct a referral service for parents/guardians that provides information on community agency services, follow through in contacting community agencies, and assistance in using agency services.

3. Provide a parent education or counseling program that assists parents/guardians in living with their child at home, emphasizes consistency between the Longfellow Education Center and home intervention strategies, and fosters cooperation between home and school.

4. Provide family therapy consultant services, where necessary.

OUTREACH AND EVALUATION SERVICES

1. Provide supplementary educational and school-based environmental assessment services for referred children.

2. Investigate and establish educational assessment practices that meet criteria of non-discriminatory assessment.

3. Provide non-educational diagnostic consultant services, as necessary.

4. Assist educational programs in preparing to receive children in transition from the Longfellow Education Center.

5. Provide descriptive overviews of L.E.C. services and programs to inquiring or referring school districts, community agencies, or families.

6. Conduct short-term instructional opportunities with local school districts or programs or other agencies for purposes of developing knowledge and skills in serving emotionally disturbed youth.

7. Provide broad-based, thorough inservice instructional opportunities for school districts or programs designed to develop knowledge and competence in educating emotionally disturbed children.

8. Provide consultative assistance to local and regional school districts regarding the development of educational programs for emotionally disturbed children.

REASONS FOR VISITS TO "TIME-OUT"

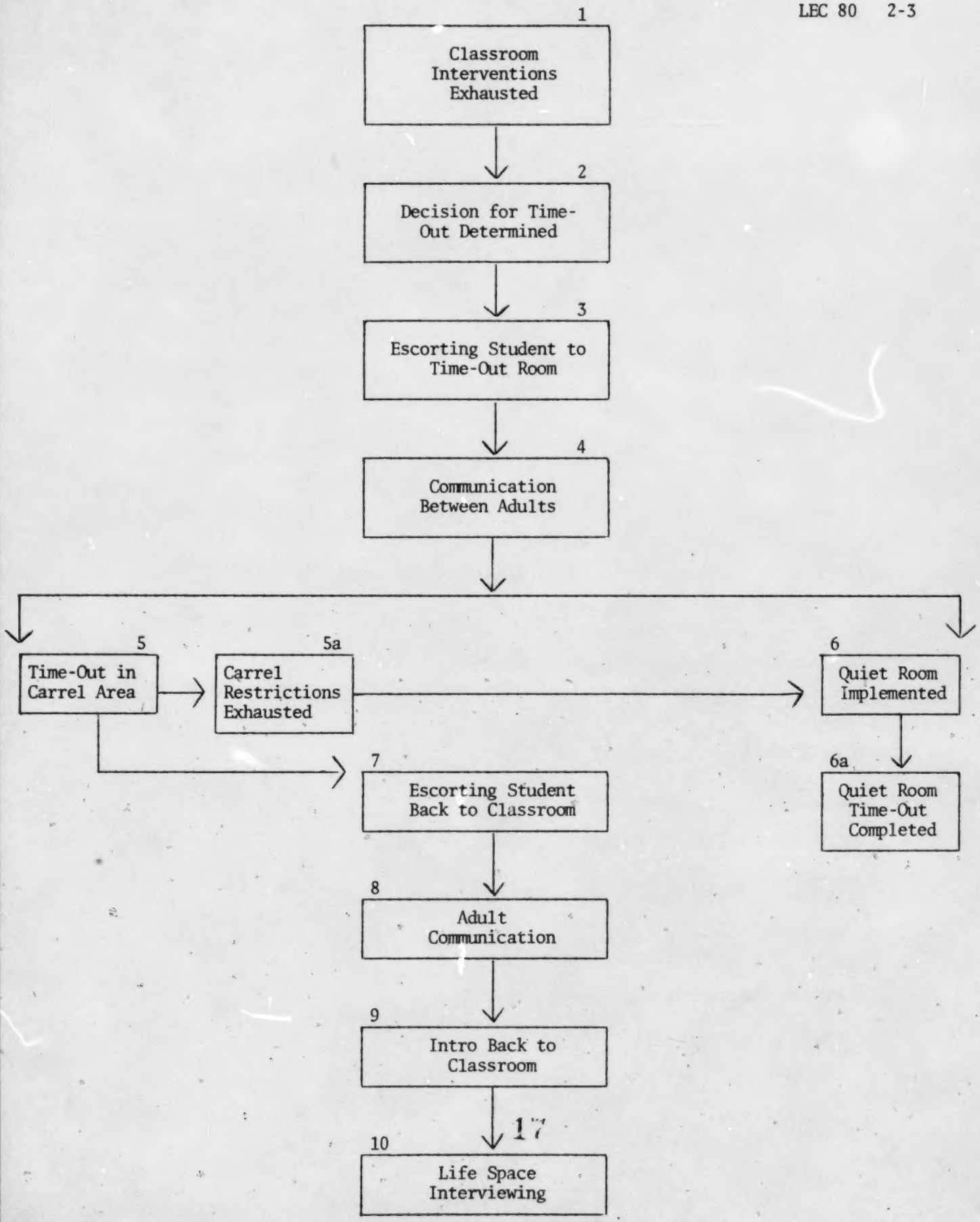
The following reasons will be timed-out as follows:

1st visit - 3 minutes
2nd visit - 5 minutes
3rd visit and all other visits per day - 7 minutes

1. Disruptive in class;
2. Out of class in hall;
3. Refusing to follow directions;
4. Bothering others;
5. Threatening;
6. Smoking in the building;
7. Swearing or vulgar language;
8. Not in the appropriate place in classroom;
9. Name calling;
10. Property damage;
11. Inappropriately touching other people;
12. Got involved in another's problem;
13. Under the influence of drugs or alcohol;
14. Possession of a weapon;
15. Stealing;
16. Very upset - need to "cool-off."

The following reasons have special times:

1. Out of the building - 5 minutes.
2. Behavior likely to result in injury (throwing, kicking, etc.) - 5-15 minutes, depending on how close to injury.
3. Assault on another student - 20 minutes.
4. Assault on staff - 20 minutes.
5. Chose to go to "Time-Out" - 1st time is 3 minutes, or negotiated.
6. Not ready to return to class from "Time-Out" - repeat of time-out.


1
Classroom Interventions Exhausted
2
Decision for Time-Out Determined
3
Escorting Student to Time-Out Room
4
Communication Between Adults
5
Time-Out in Carrel Area
5a
Carrel Restrictions Exhausted
6
Quiet Room Implemented
6a
Quiet Room Time-Out Completed
7
Escorting Student Back to Classroom
8
Adult Communication
9
Intro Back to Classroom
10
Life Space Interviewing

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PERMISSION TO ASSESS

Purpose: To acquire parental/guardian permission to assess/evaluate child.

Directions: Parents/guardians must be informed of their rights. L.E.C. staff person has parents sign this form following decision to refer child.

Dear _____,

In preparing to work with your child, _____, we feel the need to better understand his/her needs. In order to do so, we would like to do some diagnostic assessments. These assessments will involve diagnosis and observation of your child's academic, social, emotional, cognitive, behavioral, and educational status or functioning.

We will keep you fully informed of the findings of the assessment and the recommendations that we consider to be beneficial to your son/daughter.

Attached is a page listing additional information regarding your rights and responsibilities in this procedure.

Your cooperation in this matter is greatly appreciated.

Sincerely,

Robert W. McCauley

Dr. Robert McCauley,
Director, Longfellow

Regarding Testing of: _____
Child's Full Legal Name

Please check one:

____ 1. You have my permission to conduct the necessary testing.
____ 2. Please do not conduct any assessment.
____ 3. Please contact me.

Date: _____ Signature of Parent: _____

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RELEASE OF SCHOOL RECORDS

To: Title _____

School _____ Address _____

Student _____ Birthdate: _____
First M.I. Last

You have my permission to release the following information from your files and to discuss this information with:

Longfellow Education Center
3017 East 31st Street
Minneapolis, MN. 55406
(612) 729-7358

Information Requested	Authorization to Release Information	
___ Education Records: Public directory data such as student's name, address, telephone number, social security number, special achievements, and honors.	___ Yes	___ No
___ Education Records: Private directory data such as student's birthdate and sex, parent or guardian names and addresses, attendance data, health data.	___ Yes	___ No
___ Education Records: Academic data such as standardized achievement test scores-group administered, standardized aptitude test scores-group administered, scores of individual achievement, aptitude, interest, and personality tests, grades and academic work completed.	___ Yes	___ No
___ Supplementary data to the education records such as interview and conference reports, systematically gathered teacher or counselor evaluations and observations, factual statements, verified by two or more professional persons, about serious or recurrent behavioral patterns.	___ Yes	___ No
___ Other _____	___ Yes	___ No

(continued)

Purpose for Request: _____

_____

_____

_____

Longfellow Education Center has my permission to share information and records with the above school, staff member, or institution.

_____
Signature of Parent or Guardian

_____
Relationship to Student

_____
Date

_____
Address

_____
City, State, Zip

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RELEASE OF NON-SCHOOL RECORDS

Title: _____

Institution: _____

Address: _____

_____ Zip _____

Student: _____ Birthdate: _____
First M.I. Last

You have my permission to release the following information from your files and to discuss this information with:

Longfellow Education Center
3017 East 31st Street
Minneapolis, MN. 55406
729-7358

Information Requested		Authorization to Release information
_____	Medical Records	_____ Yes _____ No
_____	Psychological Reports	_____ Yes _____ No
_____	Educational Information	_____ Yes _____ No
_____	Social Service Records and Information	_____ Yes _____ No
_____		_____ Yes _____ No

Purpose for request: To complete a referral to Longfellow and to perhaps write an Individual Education Plan.

Date: _____

_____
Signature of Parent or Guardian

_____
Relationship to Student

_____
Address

_____
Zip

LONGFELLOW EDUCATION CENTER
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MINNEAPOLIS, MN. 55406
729-7358

RELEASE OF L.E.C. RECORDS TO REFERRING DISTRICT

To: Longfellow Education Center
3017 East 31st Street
Minneapolis, MN. 55406

Re: (Student) _____ Date of Birth: _____

You have my permission to release information from your files and to discuss this information with:

_____

_____

_____ Zip _____

Date: _____

_____
Parent or Guardian

_____
Relationship to Student

_____
Address

_____
Zip

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PARENTAL RIGHTS

As a parent, you have an interest in you child's education. The school wants you to know about your child's program and to help plan for changes in it. These are the things you may do:

1. You may ask to see the school's records about your child. You may also ask for copies of the records.

2. You may ask to talk with someone at school who can tell you about the assessment and what it showed about your child's strengths and needs. You may provide information regarding your child's needs.

3. You may ask to have a person of your choice on the planning team. This person may be a staff member or it may be someone who does not work for the school. You might want someone at the conference to help the team understand the racial, cultural, or handicapping differences of your child.

4. You may choose to have an assessment of your child's educational needs conducted by other than school personnel at your own expense.

5. You may take part in the team meeting when your child's educational program is planned and assessment information reviewed.

6. You may object to the assessment or the educational plan. Check the line on the letter that says "Please do not conduct any assessment." We will then contact you to discuss the areas of disagreement. If necessary, a conciliation conference will be held at a time and place that is best for both you and the school.

   The school will not change your child's educational program until agreement is reached.

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PARENT CHECKLIST

Directions: To be filled out by parent based on how student was performing at last school program attended.

Date: _____

Name of Student: _____

School: _____ Referred by _____

Person filling out Rating Scale: _____

Relationship of this person to student: _____

Below are several statements describing a student and his/her work at school. Please read each statement and decide how it applied to your child over the past school semester. A simple Rating Scale to the right can be checked.

Base your ratings on your child's behavior during the weeks he/she just completed and make a check mark on the scale to show your rating.

	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
1. He/she was happy in school.					
2. He/she wanted to stay home from school.					
3. He/she discussed school at home.					
4. He/she said he/she liked school.					
5. He/she said he/she disliked school.					
6. He/she said he/she liked his teachers.					
7. He/she said he/she disliked his teachers					
8. He/she said he/she liked his classmates.					
9. He/she said he/she disliked his classmates					
10. He/she made friends in school.					
11. He/she was interested in reading.					
12. He/she was interested in arithmetic.					
13. He/she improved in his/her reading.					
14. He/she improved in his/her arithmetic.					
15. He/she concentrated well.					
16. He/she got into trouble in school.					
17. The school understood what he/she needed					
18. The school provided a good program for him/her.					

(continued)

Parent Checklist
(continued)

19. One teacher he/she seemed to get along with was _____

_____

20. His/her favorite class seemed to be _____

21. Things that are rewarding to him/her are _____

_____

22. Successful things at home: _____

_____

_____

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TEACHER CHECKLIST — INDIVIDUAL

Date: _____

Student: _____

School: _____ Grade: ____

Person filling out form: _____ District: _____

Subject: _____

Directions: To be filled out by persons who have sufficient contact with student to adequately complete form.

Please rate the student according to how he/she is currently behaving:

BEHAVIOR	GOOD	AVERAGE	POOR	COMMENTS
ACHIEVEMENT:				
1. Tests and Quizzes				
2. Grades (Report Cards)				
3. Papers and Projects				
4. Homework and Independent Study				
	MOST TIME	SOME TIME	SELDOM	COMMENTS
CLASSROOM BEHAVIOR:				
5. Shows up on time for class				
6. Brings proper materials to class				
7. Pays attention in class				
8. Starts classwork on his/her own				
9. Completes work on time				
10. Works without bothering others				
11. Works quietly and ignores others who may be disruptive				
12. Makes up missed work				
13. Organizes his/her work				
14. Follows classroom instructions				
15. Uses acceptable language				
16. Participates in class discussions				

(continued)

SCHOOL BEHAVIORS:	MOST TIME	SOME TIME	SELDOM	COMMENTS
17. Is on time for bus/car				
18. Follows bus/car riding rules				
19. Attends school unless ill				
20. Attends classes in school (no skipping)				
21. Follows lunchroom rules				
22. Follows hallway rules				
23. Follows smoking rules				
24. Adapts to change in schedule/routine with ease				

INTERPERSONAL RELATIONSHIPS:	YES	SOME TIMES	NO	COMMENTS
25. Has other students he/she does things with at school				
26. Has other students he/she does things with out of school				
27. Is a leader with his/her friends				
28. Has other students at school who want to work with him/her				
29. Has friends who "get me into trouble"				
30. Gets along with teachers				
31. Is shy or withdrawn, prefers solitary activity				

PERSONAL:	MOST TIME	SOME TIME	SELDOM	COMMENTS
32. Approaches a new experience or situation with ease				
33. Seems unhappy or depressed for prolonged periods				
34. Has abrupt changes of mood				
35. Loses temper easily				
36. Cries easily				
37. Appears or complains of being sleepy, tired, or hungry				
38. Expresses or demonstrates unusual or unreasonable fears				
39. Daydreams, gazes into space, appears to be preoccupied				
40. Perfectionist: meticulous about having everything exactly right				
41. Is careless about hygiene				
42. Appears overtly anxious under stress, i.e., hands tremble, voice quivers, excessive perspiring, twitching, foot tapping, stammering, scratching, etc.				

43. The thing(s) that I've tried that works best in dealing with this student is (are):

STEP 3: REFERRAL

Objective

To complete the Longfellow Education Center Referral Form, collate evaluation reports and information required for Longfellow Education Center consideration, and submission of these materials and forms to the L.E.C.

What To Do:

1. The Director of Special Education or his/her designee, Child Study Team members, and/or the child's case manager should compile necessary information, records, and evaluations related to the referral.
2. The Longfellow Education Center Referral Form is to be completed by appropriate parties, signed by appropriate parties (including parents/guardians), and submitted to Dr. Robert McCauley, Director, Longfellow Education Center.
3. The following reports and information should accompany the completed L.E.C. Referral Form:

    a) Educational History Report
    b) Academic/Achievement Test Data and Assessment Reports
    c) ALL Individualized Educational Plans (IEP's)
    d) Recent Report Cards
    e) Pupil Health Record
    f) Psychological Report
    g) Special Test Data and/or Reports: Speech, Occupational Therapy, Physical Therapy
    h) Outside Agency Reports

4. The local district Director of Special Education or his/her designee should make an initial contact with the Coordinator of Educational Services, Region XI Metropolitan E.C.S.U. regarding costs (bill-backs) to the district.
5. Parent/Guardian Tour: a tour for the parent and child is arranged with the L.E.C. Liaison Teacher.
6. Social Worker from L.E.C. may contact the parents to visit with them and to complete a social history.

(continued)

Information and Material Needed At This Step

1. Attached L.E.C. (Sample) Forms:

   3.1 Longfellow Referral Form: To be used as the basis for formal referral of a child to the L.E.C. program.

   3.2 Due Process Checklist: To be completed and sent to L.E.C. as a summary of adherence to "due process" by district up to time of referral.

   3.3 Educational History Report: To be used for reporting a referred child's general school history. The district may choose to use another, but similar format.

LONGFELLOW EDUCATION CENTER
3017 EAST 31ST STREET
MINNEAPOLIS, MN. 55406
(612) 729-7358

REFERRAL FORM

Purpose: To consider the appropriateness of placement in the Longfellow Education Center. Decisions are based on an assessment of the student's needs.

Date of Referral: _____

ORIGINATOR: _____
(Designated District Contact Person)
PHONE: _____
ADDRESS: _____
_____ ZIP

REFERRING DISTRICT: _____
RESIDENT DISTRICT: _____
APPROVED BY: _____
TITLE: _____
(Superintendent or Designee)

I AM AWARE that this referral is being made: _____
(Parent or Guardian)

STUDENT

NAME: _____
ADDRESS: _____
_____ ZIP _____
COUNTY: _____
PHONE: _____ BIRTHDATE: _____

CURRENT EDUCATIONAL PROGRAM

___ REGULAR ___ SPECIAL ___ OUT OF SCHOOL
OTHER-SPECIFY: _____
HOME SCHOOL NAME: _____
GRADE: _____

Is the student a ward of the State? ___ Have parental rights been terminated? ___
Is the child in temporary custody of the County? ___ Which County? _____
SOCIAL WORKER: _____ PHONE: _____
ADDRESS AND AGENCY: _____

NATURAL PARENT: MOTHER

NAME: _____
ADDRESS: _____
_____ ZIP _____
TELEPHONE: _____
PRIMARY LANGUAGE: _____

NATURAL PARENT: FATHER

NAME: _____
ADDRESS: _____
_____ ZIP _____
TELEPHONE: _____
PRIMARY LANGUAGE: _____

WHICH PARENT HAS CUSTODY OF THE CHILD? _____

FOSTER PARENT

NAME: _____
ADDRESS: _____
_____ ZIP _____
TELEPHONE: _____
PRIMARY LANGUAGE: _____

SURROGATE PARENT/GUARDIAN

NAME: _____
ADDRESS: _____
_____ ZIP _____
TELEPHONE: _____
PRIMARY LANGUAGE: _____

INDICATE THE REASONS WHICH PROMPTED THIS REFERRAL TO LONGFELLOW EDUCATION CENTER

(To be filled out by referring TEAM)

BEHAVIOR	FREQUENCY			HISTORY	
	OFTEN	SELDOM	NEVER	RECENT	LONG-TERM
1. Physically aggressive towards peers or adults					
2. Acts defiant, argumentative, or verbally threatening to peers or adults					
3. Becomes upset or angry when things do not go his/her way					
4. Unpredictable classroom behavior					
5. Rapid moodswings; depressed or excited					
6. Short attention span, difficulties in concentrating or quickly distracted from tasks					
7. Truancy from classes or school					
8. Tardiness to classes or school					
9. Disruptive in class or school; refuses to follow school schedule					
10. Underachieving and performing below expected levels					
11. Refers to self as "dumb," "incapable," or "inadequate"					
12. Generally unhappy or depressed					
13. Parents indicate inability to manage or cope with child					
14. Avoids relationships and interactions with peers and adults; does not initiate or maintain relationships or interactions					
15. Exhibits physical symptoms or fears in reaction to school or personal problems					
16. Is self-destructive or self-mutilative					

In your own words, please explain why this referral is being made or give reasons for this referral:

State parent/guardian concerns relative to child and this referral:

List the names and titles of persons who have had sufficient contact with the referred child so that they could complete behavioral questionnaires:

Indicate all previous placements (levels) and program modifications that have been tried with the child, when they were tried, and the degree of success. Samples are indicated.

PROGRAM		WHEN		DEGREE OF SUCCESS
PLACEMENT	MODIFICATIONS	GRADE	DURATION	
Level I SLBP	Monitoring by SLBP Teacher	6	2 Months	No achievement gains; more behavior problems in classroom
Level III SLBP	Monitoring in mainstream and placement in SLBP for English and Math	7	9 Months	
Level IV E.D.	Placement in E.D. Program	8	2 Months	

List other agencies that are involved with the family and/or child and the agency contact person, with the phone number.

Check the last educational placement of the child:

_____ Regular class _____ with special materials _____ with consultation to teacher.

_____ Regular class plus 50% or less time in resource room or special education program. (Level III).

_____ Alternative curriculum or school program.

_____ More than 50% of time in district self-contained special education program with mainstreaming. (Level IV).

_____ 100% of time in district self-contained special education program. (Level V).

_____ Regional special educational day program _____ public school _____ private school.

_____ Special education residential facility _____ public _____ private _____ in-state _____ out-of-state. (Level VI).

_____ Hospital or homebound tutoring. (Level VI).

_____ Correctional facility and school program.

Dates of last educational placement: From _____ to _____.

Explain why a less restrictive educational placement than the Longfellow Education Center is NOT appropriate for this student:

_____

_____

_____

_____

_____

Explain the individual's current class schedule - (Regular education, resource program, special education, self-contained, etc.):

English: _____

Math: _____

Social Science: _____

Physical Education: _____

Art: _____

Music: _____

Home Economics: _____

Industrial Arts: _____

Other - (Explain): _____

EXPECTED OUTCOMES:

State specific behaviors/goals that need to be accomplished by the individual (child) if accepted by the L.E.C.

EXPECTED SOCIAL/BEHAVIORAL PERFORMANCE: _____

EXPECTED ACADEMIC/LEARNING PERFORMANCE: _____

SIGNATURES:

_____ _____ _____

Director of Special Education, Referring District

Date Sent

Telephone

_____ _____

Director, Longfellow Education Center

Date Received

REQUIRED INFORMATION AND PROCEDURES

The following information must be provided and procedures followed prior to L.E.C. assessment or intake.

DATE SENT	INFORMATION
_____	1. Referral Form (with signatures of parent and Superintendent or designee, and Director of Special Education).
_____	2. All academic/achievement test data - formal and informal.
_____	3. Recent report cards.
_____	4. Psychological reports.
_____	5. Medical reports/Pupil Health Record.
_____	6. Special test data (Speech, OT, PT).
_____	7. Educational History.
_____	8. Cumulative Card/File.
_____	9. All I.E.P.'s.
_____	10. Teacher Checklists.

DUE PROCESS CHECKLIST

Student Information

Student: _____

Address: _____

_____ Zip

Case Manager: _____

Telephone: _____

School District: _____

Purpose: To inform L.E.C. that all mandated procedures have been followed.

Directions: This form must be completed by local district and sent to L.E.C.

Birthdate: ___/___/___ Month Day Year

Parent/Legal Guardian: _____

Telephone: _____ Home _____ Work

Primary Language of Family: _____

Initial Problem Identification	Date Accomplished Month Day Year
1. Referral to Child Study Team (CST)	___/___/___
2. CST Assessment Decision	___/___/___
Comments: _____	
_____	

Formal Educational Assessment

1. Parent contact by (Name) _____ to explain need for and scope of Formal Educational Assessment	___/___/___
2. Written notice to parent re: Formal Educational Assessment	___/___/___
3. Parent Response	
A. Written permission given	___/___/___
B. No response in 10 school days (_____ deadline date)	___/___/___
C. Permission denied (in writing)	___/___/___
4. Formal Educational Assessment completed within 30 days of CST decision	___/___/___
5. Parents contacted by (Name) _____ to explain results of Formal Educational Assessment	___/___/___

Due Process Checklist
(continued)

Determination of Educational Needs	Date Accomplished
1. Parent notified of and invited to Planning Conference	/ /
2. Conference held:	
A. Denial of Special Education services	/ /
B. Special Education services can be provided on building level	/ /
C. Special Education services cannot be provided within district	/ /
D. Special education services cannot be met within district	/ /

Development of Individual Educational Plan	
1. Parent notified of and invited to I.E.P. Conference	/ /
2. I.E.P. Conference held:	
A. Permission given	/ /
B. No response in 10 days (_____) deadline date	/ /
C. Permission denied	/ /
3. I.E.P. implemented (Level ____ Placement)	/ /

Periodic Reviews	
Review #1	/ /
Review #2	/ /
Review #3	/ /
Additional: _____	/ /

Formal Reassessment	
Formal reassessment to be conducted at least once every 2 years for students with primary placement in Special Education. Follow same procedural steps as for initial Formal Educational Assessment	/ /
New Due Process Checklist started	/ /

Due Process Checklist
(continued)

Termination of Special Education Services	Date Accomplished
Parent Response	
A. Permission given	/ /
B. Permission denied	/ /

Follow-up schedule: _____ _____
Date Date

LONGFELLOW EDUCATION CENTER
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EDUCATIONAL HISTORY

Purpose: To provide a format for gathering information regarding educational history of student.

Directions: Use this sample form or provide the suggested information in a different format.

Student: _____
First M.I. Last

Birthdate: _____

List the school(s) the student has attended starting with the most recent:

School	District	Type School (Private, Special)	Grades	Year

Attendance: Summarize the attendance history for the past 3 years:

School	Year	Days Absent	Days Present	Total

Test Results:

Test	Date Given	Age of Student at Testing	Grade of Student at Testing	Evaluator	Results

Educational History
(continued)

Health Record: Indicate MONTH and YEAR each immunization was given:

DIPHTHERIA				Booster-if any: _____
PERTUSSIS				Booster-if any: _____
TETANUS				Booster-if any: _____
POLIO				Booster-if any: _____
MEASLES		SMALLPOX _____		
MUMPS		TUBERCULIN TEST: DATE _____		TYPE _____
GERMAN MEASLES		RESULT _____		

Congenital Defect: _____

_____

_____

Results of last vision screening: _____

Results of last hearing screening: _____

Significant Comments: _____

_____

_____

_____

_____

_____

_____

_____

INCLUDE A COPY OF PUPIL HEALTH RECORD!

STEP 4: LONGFELLOW EDUCATION CENTER ASSESSMENT

Objective

1. To review all information received by Longfellow Education Center.
2. To determine the need for further information and evaluation relative to a referred child.
3. To conduct necessary evaluations.
4. To use L.E.C. contracted evaluation services, as deemed necessary.

What To Do

1. The local school district DOES NOT have responsibility for conducting this Step in the Longfellow Education Center referral procedure.
2. The Longfellow Education Center staff holds responsibilities for:
    a) analyzing available information, records, and evaluations;
    b) either conducting further educational assessments or aiding the school district in supplementing available assessment data;
    c) making necessary referrals to outside evaluation services as contracted for by L.E.C.; and
    d) analyzing information received from L.E.C. contracted evaluation services.
3. Upon completion of a comprehensive educational, and perhaps a contracted services, assessment/evaluation of the referred child, the L.E.C. staff will contact the referring school district to request the establishment of a Joint LEA-L.E.C. Child Study Team so as to make decisions pertinent to the referral.

Information and Materials Needed At This Step

1. Attached L.E.C. (Sample) Forms:
    4.1 Permission To Evaluate: A parent/guardian permission to refer a child to L.E.C. contracted evaluation services so as to gather needed data or information and permission to share gathered information with appropriately involved professional agencies.

LONGFELLOW EDUCATION CENTER
3017 EAST 31ST STREET
MINNEAPOLIS, MN. 55406

PERMISSION TO REFER FOR EVALUATION

I (we), the undersigned, grant the Longfellow Education Center permission to refer for a professional therapeutic evaluation the following named child:

Name: _____
First M.I. Last

Birthdate: _____
Month Day Year

This referral is for the following evaluation(s):

_____

_____

_____

I (we), the undersigned, also grant the Longfellow Education Center permission to gather information from and transmit information to the following agencies, so that such information can be used to develop the best possible program for the above named child:

1. _____
2. _____
3. _____

Signed: _____ Relationship: _____
Parent or Guardian

_____ Relationship: _____
Parent or Guardian

Date: _____

STEP 5: JOINT L.E.A. - L.E.C. CHILD STUDY TEAM MEETING

Objectives

1. To review educational needs of referred child.
2. To determine appropriate educational program and placement of referred child.
3. To prepare a written Individualized Educational Plan (I.E.P.) for a referred child, as necessary.
4. To complete transportation arrangements, designations of district contacts, bill payments, and pertinent business matters relative to placement of the referred child.

What To Do

1. The Director of Special Education or his/her designee MUST notify parents/guardians of the referred child about the Joint Child Study Team Meeting and attempt to schedule the meeting at their convenience.
2. All assessment and evaluation reports should be completed prior to start of the meeting. All such materials should be delivered to all Joint Child Study Team members (L.E.A. staff; parents/guardians and/or their representative; L.E.C. staff).
3. The Director of Special Education or his/her designee chairs and conducts a Joint Child Study Team meeting that

    a) pools all available evaluation information relative to the referred child;
    b) analyzes the educational treatment needs of the referred child;
    c) determines the referred child's eligibility for Longfellow Education Center;
    d) reaches a decision regarding L.E.C. placement of the referred child;
    e) develops the draft on an L.E.C. Individualized Educational Plan (I.E.P.) for the referred child;
    f) establishes basic exit criteria necessary for evaluating a child's return to home school district educational programs or placement in a less restrictive educational alternative;

(continued)

g) designates a local district "liaison contact" for the referred child and L.E.C. staff;

h) establishes the child's transportation from the L.E.C. and associated agreements on transportation schedule alternatives; and

i) initiates formal contact between the responsible local district and Region XI Metropolitan E.C.S.U. to determine costs and bill-back procedures and agreements.

Information and Materials Needed At This Step

1. Attached L.E.C. (Sample) Forms:

5.1 (Sample): Notice of Child Study Team Staffing: A letter of verification to all concerned parties relative to the Joint Child Study Team meeting.

5.2 L.E.C. Individualized Educational Plan (I.E.P.): The format used by the Longfellow Education Center program in preparing I.E.P.'s for a child. (Not attached)

5.3 Bill-Backs - E.C.S.U. and L.E.A.: Information pertinent to paying costs to E.C.S.U. relative to placement of a child in the L.E.C.

2. ALL evaluation/assessment materials and reports.

NOTICE OF CST STAFFING

Purpose: To provide a sample of formal written notice to parents regarding staffing.

Directions: After setting up conference time with parents by telephone, type this letter on school letterhead and send to parents.

Dear _____,

This letter is to verify the date, time, and place of the conference that was recently scheduled with you to discuss the referral of _____ (Name) to the Longfellow Education Center.

SAMPLE

Day and Date: _____

Time: _____

Location: _____

If you have any questions, please call.

Sincerely,

_____
Name

_____
Title

_____
Telephone Number

BILLING PROCEDURES - E.C.S.U. AND L.E.A.

A student from any school district in the state may be admitted to the L.E.C., provided that the center is deemed through the referral process to be the most appropriate placement for the student. The admissions procedure is as follows:

1. The L.E.C. forwards to E.C.S.U. information regarding every referral deemed appropriate for admission to the Center.

2. The E.C.S.U. prepares a special service agreement for L.E.C. services with the L.E.A. in which the parent or legal guardian of the referred student resides. The agreement is signed by the chairpersons and clerks of the referring L.E.A. Board of Education and the E.C.S.U. Executive Committee. The agreement outlines the services to be rendered by the L.E.C. and the method of calculating the cost. The service agreement is in effect from the date of the student's admission to the Center to the date L.E.C. services to the student are terminated.

3. A bill for service received is calculated and submitted to the L.E.A. semi-annually, on or around July 1, and January 1.

Twin Cities Metropolitan E.C.S.U. - 224-1831.

STEP 6: L.E.C. INTAKE STAFF MEETING

Objectives

1. To finalize or complete the written Individualized Educational Plan (I.E.P.) for the child, with parent/guardian, and L.E.C. staff involvement.
2. To determine classroom placement and schedule of child within the L.E.C.
3. To complete the intake and enrollment of the child in the L.E.C.

What To Do

1. The local school district DOES NOT have responsibility for conducting this Step in the Longfellow Education Center referral procedure.
2. The Longfellow Education Center Educational Services Coordinator and staff holds responsibilities for:
    a) Establishing an Intake meeting attended by parents/guardian, invited local school district personnel, and appropriate L.E.C. staff.
    b) Chairing and conducting the Intake meeting.
3. The basic tasks and activities of this meeting are:
    a) review of evaluation information, if necessary;
    b) completion of the I.E.P. for the child;
    c) parent/guardian signature on the I.E.P. indicating approval of the individualized program;
    d) assignment of an L.E.C. professional staff member as case manager for the child;
    e) establishment of an initial schedule within the L.E.C. program for the child;
    f) review of the child's transportation schedule and length of school day;
    g) determination of the child's eligibility for school services such as a free lunch program; and
    h) completion of the child's enrollment in the Longfellow Education Center program.

Step 6
(continued)

Information and Material Needed At This Step

1. ALL assessment/evaluation materials and reports.

2. ALL educational records (cumulative card/folder) and information regarding the child.

3. The Longfellow Education Center Referral Form (available on file).

4. Individualized Educational Plan (I.E.P.) draft as developed by the Joint L.E.A. - L.E.C. Child Study Team.

5. ALL Longfellow Education Center parent permission forms.

6. The child's transportation schedule.